



After School Learning Tree

<http://www.yucailearningtree.com>

11525 Sorrento Valley Road, San Diego, CA 92121 Phone: (858) 603-2211, (858) 736-6006 Fax: (858) 259-0066

REGISTRATION FORM

STUDENT'S NAME:		BIRTHDATE:	GENDER: M F
ADDRESS:		CITY:	ZIP:
MOTHER'S NAME:		MOTHER'S CELL PHONE #:	
MOTHER'S E-MAIL ADDRESS:		MOTHER'S WORK #:	
FATHER'S NAME:		FATHER'S CELL PHONE #:	
FATHER'S E-MAIL ADDRESS:		FATHER'S WORK #:	
SCHOOL NAME:			
SCHOOL ADDRESS:		CITY:	ZIP:
GRADE:	CLASSROOM #:	DISMISSAL TIME:	
SHORT DAY: (CIRCLE ONE) TUESDAY WEDNESDAY THURSDAY		DISMISSAL TIME:	
HOW DID YOU HEAR ABOUT US?			

ATTENDANCE DAYS (Please Circle): Monday Tuesday Wednesday Thursday Friday

First Attendant Date: _____

POLICY: If your child is not in need of pick-up on a certain day, no credit will be given. You must contact AFTER SCHOOL LEARNING TREE to inform us of this change via phone or e-mail by no later than one hour prior to the designated pick-up time. If you do not contact us, a \$10.00 fee will be charged.

EMERGENCY RELEASE: I hereby give AFTER SCHOOL LEARNING TREE permission to seek medical attention for the child in the above form in any event that I am not present at the time of illness or injury.

LIABILITY RELEASE: I hereby waive all rights and claims against AFTER SCHOOL LEARNING TREE and its team members for any liability resulting from my child's participation in any indoor or outdoor events or transportation organized by AFTER SCHOOL LEARNING TREE.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____